Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			9 11 2000			Alter 18	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED NUME			BER EXTRA	BASIC	EE	OR		1	
TOTAL CHARGEABLE CLAIMS			/3minus 20= *				XS 9		OR		100	
INI	DEPENDENT C	/ m	/ minus 3 = *			X40=	*;	1		<b> </b>		
Μι	JLTIPLE DEPE	NDENT CLAIM P	RESENT				The same of	**	OR	X0U=	No.	
•	the difference	e in column 1 is	less than 70	ess than zero, enter "0" in colum			+135	=	OR	+270=		
• If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	<u> </u>	OR	TOTAL	100		
[	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	EST BER DUSLY	(Column 3) PRESENT EXTRA	RATE	ADDI-		RATE	ADDI- TIONAL	
NON	Total	. //	Minus	**		=	X\$ 9=		OR	X\$18=	FEE	
AME	Independent	. /	Minus	•••		=	X40=	+	1 1	X80=	,	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	OR	· · ·		
	•						+135=		OR	+270=		
٠.								E	OR ,	TOTAL ADDIT. FEE		
<u> </u>	(Column 1) (Column 2) (Column 3)  CLAIMS (MARCH 2012) HIGHEST								. ,	-		
MENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total	•	Minus	**		=	X\$-9=		OR	X\$18=		
AM	Independent	NTATION OF M	Minus	***		=	X40=		OR	X80=		
	10001111202	NTATION OF MU	JUIPLE DEP	ENDEN	CLAIM		+135=		OR	+270=		
			TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE						
		(Column 1)	T	(Colum		(Column 3)	· · <del>· ·</del> ·		<b>-</b>	70011.1 222		
AMENDMENT C	ा हैन्स स्टब्टिक्ट्यू के	REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Q N	Total	•	Minus	**		=	X\$ 9=	<u> </u>	OR	X\$18=	1	
AME	Independent	•	Minus	•••		=	X40=	<del> </del>		X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b></b>	OR	<b>∧</b> 00=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30. and 100.									OR	+270=		
11	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 8/00)

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.ication or Docket Number